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NASHVILLE JOURNAL
OF
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
E. S. McKEE, M. D., Cincinnati, Associate Editor

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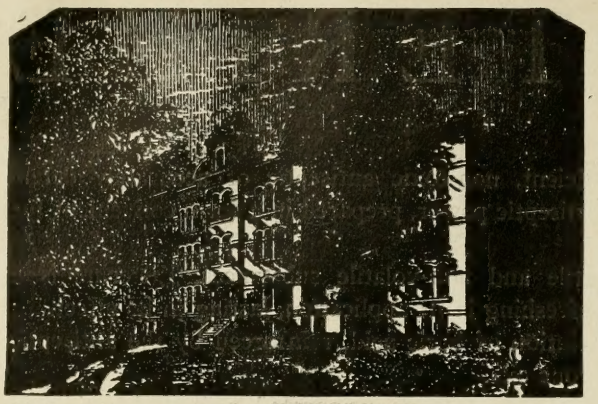

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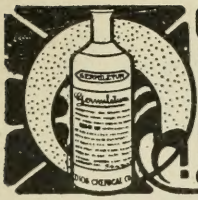

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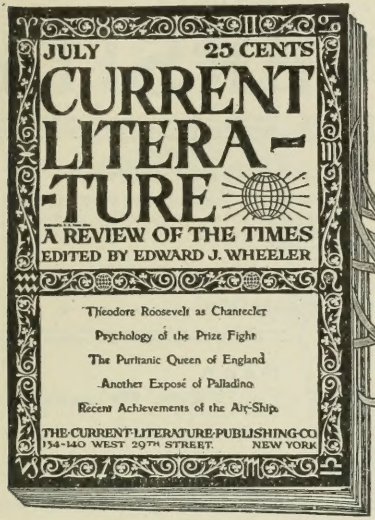
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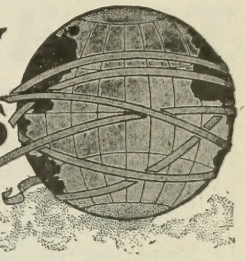

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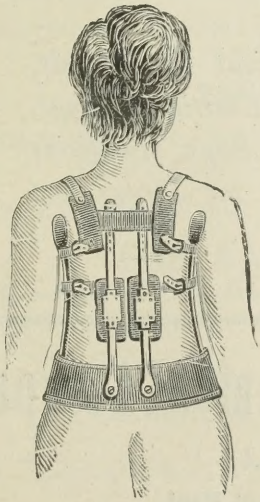

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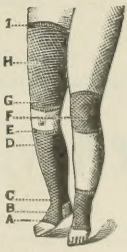

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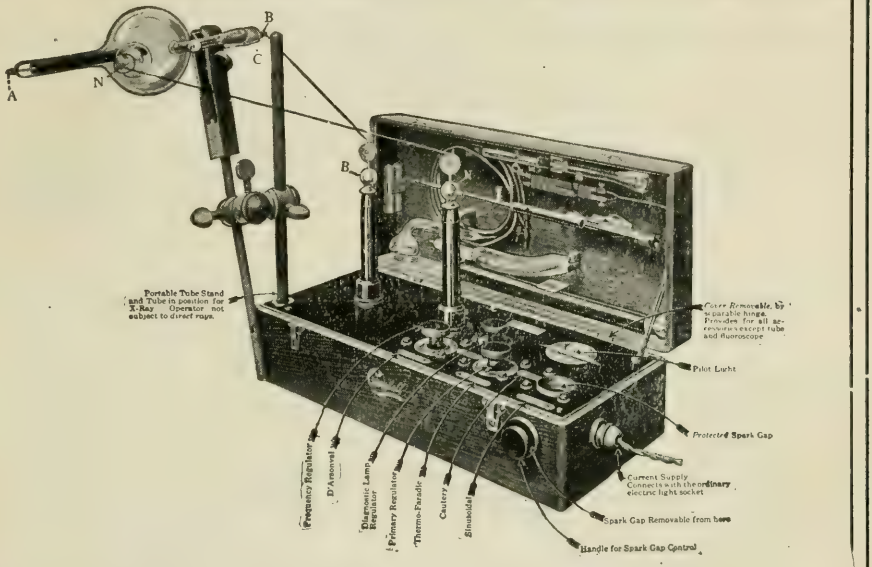

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NASHVILLE JOURNAL
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CHARLES S. BRIGGS, A. M., M. D., Editor

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Original Communications

BRAIN SOFTENING.*

BY M. CAMPBELL, M.D., KNOXVILLE, TENN.

It is not my purpose to treat exhaustively the subject of brain softening, as it would far exceed the limits of an article proper to be read on this occasion, but to describe briefly the ordinary development of the disease, and give an account of a case that recently came to me for treatment, and which illustrated one of its rarer forms. As most cases of brain softening are caused by occlusion of its blood vessels, I shall briefly call your attention to the cerebral circulation.

The brain receives its large supply of blood from the vertebral and internal carotid arteries, which form, by their divisions, the cerebral and cerebellar arteries. The subdivisions of these last-named vessels, besides supplying the ventricles, ramify in the pia mater. This membrane is thrown over the brain like a net, dipping down into the sulci of the convolutions, and sending blood vessels to the white matter of the interior, both from below upwards and from above downward.

The gray matter, both of the cortex and basal ganglia, because of its greater functional activity, is more abundantly supplied with blood than the white. Softening of nerve tissues consists in, and is due to the breaking up of the elements, the resulting particles become saturated with serum, so that a soft pulp

* Read before the Knox County Medical Society.

replaces the original firm tissue. This is the characteristic effect of inflammation, most often seen in the focal inflammation following hemorrhage of the brain. Formerly all softening was thought to be the result of inflammation, but it is now known that in the majority of cases, it is caused by the occlusion of an artery, vein or sinus, cutting off the blood supply from the part beyond the place of obstruction. These obstructions are caused either by embolism or thrombus. An embolism may be described as a plug in an artery of the brain, which has come from a distance, usually from the heart, and is an evidence of disease elsewhere than in the brain, while a thrombus is the effect of local disease of an artery in the brain, by which its caliber is narrowed or its intima roughened, so as to cause coagulation of the blood. The chief causes of these changes in the inner coat of an artery that cause thrombus are atheroma and syphilis. The source of a plug in embolism may be anywhere between the lungs and the brain; detached material from a pulmonary abscess may come through the pulmonary veins to the left side of the heart, and from there find its way to the brain. Or it may be the result of an endocarditis, ulcerative or rheumatic. In these cases, Gowers says that there are frequently vegetations on the valves which may become detached, and thus washed into the blood current. Softening is divided into three classes, red, yellow and white. Red softening is found generally in parts where the blood vessels are most numerous, in the cortex and ganglia. Yellow softening comes from red softening by degenerative changes. White softening does not differ from the color of white matter of the brain where it is found. Its consistence is variable, sometimes diffluent, but more frequently like firm ice cream. The most frequent seats of softening are the cortex, corpus striatum and optic thalmus, but any portion of the brain may suffer. Changes occur very rapidly after the occlusion of an artery. In one of my autopsies forty-eight hours after the attack, a large area of softening was found, the result of an embolus. The symptoms were those of an apoplectic stroke, with hemiplegia. The hemiplegia was with difficulty made out, owing to the prostration and unconsciousness of the patient.

When we consider the causes of the occlusion of the cerebral arteries, and remember how large a proportion of the human race suffers from endocarditis, syphilis and atheroma, the statement that softening is one of the most common brain diseases is not surprising. Neurologists generally hold that it is more common even than hemorrhage. The symptoms of cerebral softening in the majority of cases, resemble strongly those of hemorrhage, and diagnosis of softening is made rather from general considerations, than the immediate symptoms at the time of the attack. Hemorrhage is improbable in a patient under forty years of age. If, in addition, there is a history of heart trouble or syphilis, the symptoms point strongly to softening, and the diagnosis may be made with reasonable certainty; the greatest difficulty is encountered in patients past middle life, for the greater probability of hemorrhage at that age is accompanied by atheroma and arteriosclerosis, which are causes of softening; given a case with full bounding pulse and flushed face, hemorrhage is indicated rather than softening, notwithstanding evidences of arterial degeneration; deep coma is also more characteristic of hemorrhage. Unfortunately, profuse hemorrhage causes pallor, and feeble pulse, and in some cases of apoplexy in the aged, the most expert diagnosticians can only be sure of the lesion after an autopsy; notwithstanding the difficulties of diagnosis in some cases of necrotic softening, no pains should be spared to arrive at the true nature of the lesion, as the initial treatment of softening differs radically from that of hemorrhage. In hemorrhage the indication is to lower the blood pressure, to quiet the action of the heart, and thus favor coagulation, while in softening coagulation is the foe to be dreaded, and is best combatted by sustaining the action of the heart with digitalis and strophanthus. The above briefly described forms of brain softening is applicable to the ordinary development of the disease, and does not include certain rarer cases that may have a different symptomatology, one of which recently fell under my notice.

There was brought (on July 31, 1910) to the Eastern Hospital for the Insane, near Knoxville, Tennessee, Mr. M. L., aged twenty-nine. He had a history of syphilitic infection six years

before his admission, and had gone to Hot Springs, Arkansas, for treatment. He was in charge of my colleague, Dr. S. R. Miller, during the fall of 1909, when nervous symptoms developed. He complained of severe pain at the base of the skull, and the head was abnormally sensitive to percussion. He also suffered with deep-seated pain apparently in the center of the cerebrum. His suffering was worse at night, when he would continually walk the floor. Later, mental symptoms developed, and he was sent to the East Tennessee Hopital for the Insane, where, as above stated, the patient arrived on the 31st of July, 1910. He had been treated by Dr. Miller with both mercury and iodide of potassium, and had improved. The result of the treatment was to relieve him from the severe pains in the head. Examination at the time of his reception showed marked dementia, and while there was no paralysis, there was a spastic condition of the muscles like that found in advanced cases of paralysis agitans, and he had the propulsive gait characteristic of that disease. On August 6th he gradually lost the use of himself, and became unconscious, but there was no complete paralysis, but rather a more pronounced spastic condition. His temperature ranged from 103 deg. to 105 deg. He lingered in this condition until the 10th of August, when he died. Autopsy twenty-four hours after death. The dura was strongly adherent to the base of the skull, with other evidences of former pachy-meningitis. A minute examination could not be made of the blood vessels, as the pia as well as the brain substance was torn when they were taken from the calvarium. While making thin horizontal sections of the right hemisphere at the distance of one-half an inch from the superior surface of the middle lobe, the knife passed into several lacunae, entirely empty, from the size of an average pin to large broom straws. They penetrated an inch or more down toward the basai ganglia. In the centrum ovale, halfway between the vertex and the corpus striatum, an area of softening was found, one inch deep, and into which the middle finger could be thrust. Other portions of the brain substance to the naked eye were apparently normal. Microscopic sections were not made. The early nervous symptoms in this case; severe nocturnal headache, etc., were evi-

dently due to the pachy-meningitis of syphilitic origin. The lacunae, an area of softening, were caused by syphilitic occlusion of the long arteries that penetrate downwards and inwards from the lateral and superior surfaces of the cortex for the nourishment of the white substance of the brain. These arteries do not anastomose with any others, and their occlusion necessarily results in necrosis of the parts that they supply with blood. The history of this case teaches that the physician should be cautious in giving a favorable prognosis in nervous disease due to syphilis, for while it is true that many severe paralyses caused by syphilitic inflammation and gummata respond brilliantly to anti-syphilitic treatment, the probability of incurable necrosis should not be lost sight of.

A DEVOTED PATIENT.

BY DR. E. S. M'KEE, M.D., CINCINNATI, OHIO.

In 1883 the reporter of this was a poor doctor. Poor in purse, poor in knowledge and poor in experience and poor doctor to the Thirteenth Ward, that part of our trans-Rhenish possessions which has Findlay Market for its "court of honor." The Thirteenth Ward and Findlay Market are bisected by a street called Pleasant. Why so called I do not know. I was called to that portion of Pleasant Street south of Findlay Market to see a woman whom we will call Anastasia Lemkuhl. That was not her name, but it will serve to indicate her descent and ascent. There was nothing particular about the illness or the treatment that I can remember, but that was the start of one of the most remarkable cases of devotion of a patient to her physician that it has ever been my lot to meet. I held the position of poor doctor to the lucky Thirteenth for three years, but my successor could never touch Anastasia. She moved frequently, Race, Elder, Elm, Pleasant Dunlap, Stark, Logan, Bank, McMicken and Mohawk. She often changed her residence, but never changed her doctor. It is the women who make or mar the young doctor. She brought me her children, grandchildren, grandparents, broth-

ers, sisters, uncles, aunts, cousins, her -in-laws, friends and neighbors. She had four children, two boys and two girls. The father of these children I never saw. In my long acquaintance, over a quarter of a century, I heard only on rare instances a complaint from the children about their father, never one from their mother. I know not whether he be living or dead, and I have made little effort to find out. It reminds me of the little girl's talk to her kitty: "Kitty, I knows your brothers and I knows your sister, and, Kitty, I knows your mother; but, Kitty, I never did see your father." Rumor said—but it matters not what rumor said. She remained true to her church and clung to the cross. How well I remember the eldest child, a little, skinny girl of ten years, when she had the typhoid fever. Fearing contagion, everybody deserted her but her mother, who watched her day and night for four weeks, fearful that in her delirium she would jump out of that fourth floor window. Thanks to the faithfulness of the mother, the daughter recovered and is now a fine-looking matron. Frequent illnesses of herself and children were contracted and paid for during the years that followed. I well remember the winter of 1891-92. It was the year the grippe first came with us. Cold, snowy winter. She had the grippe and I had it. I did not know then how to treat the grippe, or I would have been at home in bed instead of going about in the snow trying to treat it. Neither of us did well. We were sick off and on all winter. It was this winter that I ran up a bill of fifty dollars against her. Former bills had all been small and promptly paid. This one staggered her, for she was always a poor woman. In fact, that bill stood for fourteen years. I had not sent her a statement for ten years, when one day, greatly to her joy, she paid it. Fifty dollars after fourteen years! Numerous small bills contracted in the meantime had been paid.

Meeting Anastasia one day on the street, I upbraided her for not having sent for me for several months past. "Well, you see," said she, "I bought a stand in market, and when the children gets constipated I just gives them oranges, and when they has diarrhea I gives them peanuts." Suggestive therapeutics! The many years that she stood in market she never failed at my numerous

visits to her house to try to fill my pockets with fruit and vegetables. Many a time would I take them, find a quiet spot and unload.

Teddy was the youngest child, and after a long and severe illness he died, greatly to the sorrow of his devoted mother. His death never for a moment shook his mother's faith in her family physician.

Henry was her oldest son. She loved Teddy, but she both loved and admired Henry. He was twenty-five and weighed 230 pounds. The idol of his mother's eye, more especially since the death of Teddy. A driver for a brewery, he never shirked his duty, but was always willing to haul a double load. I was called to see him and found a temperature of 104.6 and the patient out of his head. It was easy to diagnose typhoid fever, for he had had it for about two weeks and had kept about his work. His illness went from bad to worse, characterized by a very high temperature, insanity and meningeal symptoms. Things began to look serious. Consolation was suggested, and the priest came. He started Henry at saying the Lord's Prayer at 8 a. m., and it was impossible to stop him. He kept getting louder and louder, till you could hear him a square, and the voice would sing back in echo at you from the ceiling. I could occasionally change him from English to German, but say the Lord's Prayer he would time after time at the top of his voice. I called in Dr. Khoun, who lived in the immediate neighborhood, to help me. Four men from the brewery, who had been sent over to hold him, vanished one by one. Too much of a good thing gets on your nerves, and after a couple of hours of the Lord's Prayer, we administered chloroform. It took a good deal to affect him. His voice would slowly and stubbornly succumb to the anesthetic, when he would then go off into opisthotonos. Removal of the chloroform would be followed by a resumption of the Lord's Prayer, growing louder and louder, till in a few minutes it would be as loud as ever. This was repeated several times with the same effect. This condition went on till about half past two, when Henny died, saying the Lord's Prayer, he having been saying it constantly, unless profoundly under the influence of chloroform, since eight that

morning. There he lay, dead, his huge frame outstretched upon the bed, and at the foot, gazing down on her dead child. stood his mother, speechless and tearless in her great grief. At last her voice came to her, and this is what she said: "Dr. McKee treated my Teddy and he died; Dr. McKee treated my Henny and here he lays dead. When I am sick Dr. McKee will treat me, and if I die it will be all right." A most unparalleled instance of devotion of patient to her physician. Gentlemen, she kept her word. A few years later a tired artery in her weary brain, which had known little but sorrow, broke. I was called and treated her through a long and tedious illness, at the end of which she was laid to rest on our western hills between Teddy and Henny.

A few years ago I was called in to see little Carrie, fourth generation of this family. She was a descendant of Anastasia through her mother. Said mother had married neither too wisely nor too well. I had treated little Carrie all her life. She hardly thought there was another doctor in Cincinnati. She had tonsilitis, then rheumatism, then endocarditis. This lasted quite a while and I ran up a bill of $18 at the meager sum of $1 per visit.

One day I came in, and the mother, with tears in her eyes, told me that Charley, her husband, was an Eagle, and he had sent for the Eagle doctor, whom he could get for nothing, and he wouldn't have me any more, and that the Eagles' doctor had said Carrie had St. Vitus' dance. There was nothing left for me to do but to dance out, fired by the fourth generation. I have not, though I tried strenuously, been able to collect my bill. The Eagle's doctor is a member of this academy.

Herein lieth the tonnage of my text. A few years ago a member of this society read a paper on this floor on the subject of contract practice. The paper was a good one, created quite a discussion and led to the passage of resolutions by this society condemning the practice and making it incumbent on its members who were employed in that way to desist. The reporter of this was at that time physician to "La Societe Francaise de Secoures Mutueles de Cincinnati. His salary was one hundred dollars per year. I resigned my position, and with some regrets, for my real reason for doing the work was to keep from for-

getting what French I knew. The resignation was accepted with expressions of polite regret for which the French are so justly respected. They discontinued employing a physician, each member employing his own and paying him himself. I have failed to learn of another member resigning his contract practice. The member who read the paper on contract practice has left town, but I hope that the good work which he started with such energy will not be allowed to fall.

Selected Articles

THE TREATMENT OF ANTEPARTUM HEMORRHAGE.

Herman in the *British Medical Journal* of September 30, 1911, briefly sums up what he believes as follows:

Accidental hemorrhage, slight in amount, is not uncommon, and seldom dangerous.

Concealed accidental hemorrhage is a very dangerous thing and is rare.

Plugging the vagina is bad treatment. Practically it is illusory, for it only prevents the escape of blood for a little while. Theoretically it is unsound, for if it did prevent the escape of blood from the uterus it would only convert the case into one of concealed hemorrhage, which is the most dangerous form. The private practitioner must also recollect that it is extremely disagreeable to the patient; to speak of it as "horrible torture" is scarcely too strong.

The best treatment for the majority of cases is to rupture the membranes. This acts instantly, lessens the tension within the uterus, and stimulates the uterus to contract. Before doing this, care should be taken that the long axis of the child coincides with the long axis of the uterus, and, if possible, that the head presents.

If the patient has lost so much blood that it seems likely that the inevitable hemorrhage of the third stage of labor will be fatal, then the author thinks the best treatment will be amputation of the body of the uterus, after preliminary ligature of the vessels.

Placenta previa, as a cause of unavoidable hemorrhage before delivery, has been known to many generations of medical men and midwives. Sir James Simpson, before the proper treatment of this condition had been made simple by Dr. Braxton Hicks, and safe by Lord Lister, estimated the mortality of mothers with placenta previa at 1 in 4 or more. Now, with due care, it does

not exceed 1 in 20. Why this great difference? Why did the women with placenta previa fifty years ago die in such numbers? First of all, because no patient with placenta previa escaped internal examination, and no such patient was delivered without a wound. Before Lord Lister taught doctors and midwives how to procure asepsis by using antiseptics, many women with placenta previa died because they were infected with septic poison by the vaginal examinations. This ought not to occur at the present time, and it will not occur when women are attended in their confinement solely by persons acquainted with the use of antiseptics.

There are and always will be, so long as human intelligence remains imperfect, a few who die from hemorrhage before the child is born. This is usually because the doctor either is not sent for soon enough or cannot get to the patient quickly enough, or it may be the patient's friends are perverse, and will not send for the doctor at all, or will not let him act when he does arrive. Those cases are not usually due to any fault of the doctor.

The commonest cause of death, if the patient is not treated properly, and early, is postpartum hemorrhage. Hemorrhage before delivery exhausts the patient, so that a moderate amount of bleeding in the third stage of labor is more than the exsanguined patient can tolerate.

But the most common cause of death in the past lay in the pernicious maxim, "Deliver as quickly as possible." This often meant that the medical attendant tore open the cervical canal, either with his fingers or his hands or with some dilator, or with the fetal head in the grasp of forceps, and dragged out the child, whether the uterus was contracting or not. The tearing open of the cervix meant lacerations, the situation, extent, and direction of which the operator could not control; and the dragging out of the child while the uterus was passive was frequently followed by dangerous postpartum hemorrhage.

The path of safety is that laid down by Braxton Hicks, who in 1889 wrote that within the previous thirty years the mortality of placenta previa had been reduced from 30 per cent to somewhere near 5 per cent. He put the kernel of the matter thus:

"The early handling of these cases, and the general antiseptic management of midwifery cases, both before and after delivery, can rightly claim to have had much to do with these excellent results."

The first thing in the treatment of placenta previa is never to forget that a pregnant woman with the placenta implanted on the lower uterine segment is not safe until she has been delivered. Therefore as soon as the diagnosis has been made premature labor should be induced. The only reason that can be urged against the induction of labor in placenta previa is the danger to the life of the child—the danger of its being killed by pressure on the cord during delivery, a risk which depends on the mode of delivery, and the danger of its death within a few hours or days after delivery from its being unable to assimilate food and maintain its body heat. This is a real but only comparative danger—a danger when compared with delivery of a child at term in a normal pregnancy. The pregnancy is not normal, and the longer it is allowed to go on the greater the danger to both mother and child. Therefore we ought to accept the fact that safety to the mother involves risk to the child from its premature birth, and induce labor as soon as the diagnosis of placenta previa has been made.

The author has already said that plausible reasons can be given for plugging the vagina in hemorrhage from placenta previa which do not apply to accidental hemorrhage. But the reasons, though plausible, are not sound. He agrees on this point with Braxton Hicks—a man whose name in London ought to be, and will be, ever held in honor—who in 1889 wrote: "With regard to pressure by the tampon, I believe the general consensus in British midwifery is against its use, and with this I am in accord—partly because unless perfectly done, and this is diffiuclt; it is of no use; and if perfectly done it is very distressing to the patient, especially if it be necessary. Still it has some advantages, because by distending the roof of the vagina we also dilate the os and provoke uterine action. But its action is tedious, and lacks the precision afforded us by the more recent methods."

In theory, of course, the doctor, when he goes to a case of labor, ought to be equipped with everything that can possibly be required. If some fatal or grave accident happens, and the doctor does not meet it with the best treatment, but when blamed pleads in extenuation of his fault that he had not the necessary instruments with him, he may be told that he ought to have had them. Books on obstetrical surgery assume that the accoucheur always has every instrument and drug at hand, for it is their business to teach the best thing, and not to describe makeshifts. Push this doctrine a little further, and apply it to every doctor on his daily round, and not only to the man in attendance on a labor, and you come to the principle that every doctor ought to carry about with him the wherewithal to perform every conceivable operation in surgery, which is absurd. There always will be emergencies in which the doctor has to do his best with his ten fingers and such adjuncts as can be carried in his waistcoat pocket. Supposing then a doctor with this scanty equipment is called to a case of placenta previa, a long way from his house, what should he do? He will find the cervix uteri dilated enough to admit his finger. If it is not he cannot as a rule make the diagnosis. It is true that placenta previa has been perceived by abdominal palpitation, but this has been only in exceptional cases and by exceptional hands. The diagnosis cannot be made by the ordinary man until the finger can pass the internal os and feel the placenta. The bleeding occurs because the os internum has begun to dilate. When dilation has begun the uterine contractions, which occur intermittently throughout pregnancy, tend to press the placenta into the dilating cervical canal. The placenta cannot move on without detachment of a small part of it bordering on the os uteri, and consequent bleeding from the several uteroplacental vessels. Local violence may bring about detachment of a placenta which is previa, but such cases are very rare, and cannot clinically be distinguished from accidental hemorrhage. The statement is true of nearly all cases of placenta previa, that when the doctor reaches them after having been sent for on account of hemorrhage, the cervical canal is open enough to

admit his finger. Being then able to pass his finger through the cervical canal, what is the doctor to do?

To settle this, let us first ask, What will happen if he does nothing? Let us assume that the case goes on favorably. The favorable cases are those in which the uterine contractions are vigorous and frequent. If such good uterine action is present, each contraction presses the placenta through the os internum and into the cervical canal, and in doing so tears through vessel after vessel, running from the uterus to the placenta. Each vessel, as it is torn through, bleeds. Each vessel, until it is torn through, is a hindrance to the proper dilation of the os internum, and the retraction of the lower uterine segment. The bleeding is stopped, first, by compression of the vessels, when the lower uterine segment is retracted, and then by thrombosis of the vessels. The successive hemorrhages weaken the patient; but if the labor has come on much before the full term of pregnancy the child will be small, and if the uterus acts powerfully the probability is that the child will be born before the patient has lost a dangerous amount of blood.

After delivery good uterine contraction and retraction will continue, and the third stage of labor will be accomplished without disaster. But there are many possibilities. The pains may be weak and few. Then from every vessel that is torn across there will be bleeding until uterine contraction occurs. The attachment to it of the placenta will hinder the expansion of the lower uterine segment, and disturb the polarity of the uterus, making the separation of the placenta slow, and prolonging the period of bleeding from the torn vessel. The best way in which the doctor can use his fingers is to pass his finger through the os internum(sweep it round, and separate the placenta all round as far as he can reach. With his one finger he cannot reach much more than an inch and a half from the os uteri. He can thus separate the placenta over a circular area of about 3 inches in diameter. By so doing he helps to restore uterine polarity—that is, he promotes the contraction of the body of the uterus and retraction of the lower uterine segment. But although he has done something to promote uterine contraction, yet it may be

slow in coming on, and the patient may lose a great deal of blood before retraction of the lower segment stops it, although not so much as if the case had been left to nature. The next thing for the doctor to do is to put two fingers through the cervix instead of one. This amount of stretching can be done so gently that the term "dilation" may be fairly applied to it. It is seldom that the middle of the placenta is exactly over the os internum. Usually when the doctor has stripped off the placenta all around as far as he can reach, he will at one place have come to the edge of the placenta.

When he has reached the edge of the placenta, he should rupture the membranes, seize the child's foot, and bring it down. To do this it will be necessary to still further gently dilate the cervical canal, so that it may allow two fingers, plus the child's foot, to pass through it. When the foot has been drawn through the cervical canal, the leg and thigh will easily follow it, and then the half breech comes to occupy the lower segment of the uterus. When this has been attained the accoucheur can control the hemorrhage by pulling on the leg. This should be done gently, with no more force than is necessary to stop bleeding, so that the cervix may be dilated, and not torn. For the avoidance of postpartum hemorrhage the child should not be dragged out when the uterus is not acting; the uterus should be allowed to expel it, and, if possible, the placenta. As these labors are, or ought to be, premature, the child will be small, and there will be no mechanical difficulty; the uterus can, and will, expel the child, although it may take some time about it. This is the method of treatment recommended by Braxton Hicks. It is the method by which safety can be insured for the mother in 95 per cent of cases of placenta previa, provided that it is carried out with strict antiseptic precautions. It is summarized in the words: Early turning, slow extraction, antiseptics.

But though this means safety for the mother, it is far from that for the child. The doctor who is about to carry out this treatment should always warn the parents that the interests of mother and child are in this condition antagonistic, and that it is his intention to act in the interest of the mother. Even if the

child is born living, it will be so small and feeble that there will be difficulty in rearing it, and it will very likely be suffocated during birth from prolonged pressure on the cord while the breech is slowly dilating the lower uterine segment.

However much we may think the march of invention has improved upon this method, yet cases will occur in which the need for treatment is urgent and the doctor has with him nothing but his hands. He must then either follow the simple method of Braxton Hicks, or let his patient go on bleeding.—*The Therapeutic Gazette.*

Extracts from Home and Foreign Journals.

SURGICAL

A Death from Salvarsan.

Dr. Gaucher, professor of cutaneous and syphilitic diseases, Paris, reports the case of a young man, 19 years old, having an indurated chancre of the frenum, a month old, and a double indolent, inguinal adenopathy. He received an intravenous injection of 0.6 gm. of salvarsan. A quarter of an hour later he was seized with vertigo and a little later with vomiting and elevation of temperature. The next day his condition was normal. Two days later a new injection was made, which was followed by vertigo, headache and greenish vomiting, which vomiting persisted the next day and was accompanied by epigastric pain. The day after that in the afternoon the patient was seized with convulsions first tonic, then clonic epileptoid, with frothing at the mouth. At 4 o'clock he was in coma and died two hours later without having regained consciousness. At the necropsy all the organs except the kidneys were normal. The kidneys were increased in size, hard and congested. Microscopic examination showed lesions of acute nephritis with epithelial degeneration and tubular rupture. The patient had suffered a hyperacute arsenical intoxication and died of uremia caused by degeneration of the kidneys.—*Critic and Guide.*

A Simple Method of Giving Salt Solution per Rectum.

Here is what the Mayos have found to be the most satisfactory method of giving normal salt solution continuous per rectum. An ordinary glass irrigator is fastened one foot above the patient's mattress. A medium size soft rubber tube is connected to the nozzle and introducted three to five inches into the rectum. Three parts of moderately warm normal salt solution is poured into the irrigator jar. It is not necessary to use a thermometer to regulate the temperature of the solution. The nurse adds

more warm solution as necessary, testing the temperature of the solution with her fingers. The solution flows slowly into the rectum and is absorbed. Should the rectum become distended with fluid it produces a pressure on the solution, and it will flow back into the jar.

They have an attic full of fancy appliances for giving salt solution per rectum that they have discarded.—*St. Louis Medical Review.*

The Surgical Treatment of Goiter.

W. D. Hamilton, Columbus, Ohio, states that small parenchymatous goiters are cases for medical treatment; most others should be operated upon. Thyroid enlargements often contain nodules of new growth which should be recognized early and removed if one wishes to avoid the cardiac and pulmonary pressure symptoms. Iodine injected not only is not a specific, but also may cause firm adhesions which will render removal difficult. In Graves' disease the tumor should be operated upon as soon as the disease is recognized; one should not delay until severe symptoms, such as atachycardia, develop. Simple ligation of the vessels may be sufficient. Physical examination of the neck should always include a search for the thyroid gland. Early operation in most goiters will minimize the risks and give a better chance of relieving symptoms. Although most tumors of the thyroid are benign, one can never tell when symptoms of suffocation will arise.—*Medical Record.*

Present Status of Surgery for Cancer of the Breast.

Dr. E. S. Judd, of Rochester, Minn., said that tumors of the breast might be divided into two groups, benign and malignant. So far as was known, at the present time, a differentiation other than microscopic could not be made between a benign tumor and a very early malignant one. They should all come under the same line of treatment, namely, radical excision of the malignant tumors, and removal of the tumor followed by radical excision if the

growth proved malignant in the supposedly benign type. Age was no longer considered an important factor in determining malignancy. Handley believed that cancer originating in the breast disseminated through the lymphatics in the fascia, and that the embolic theory had been accepted chiefly because there was no proof against it. While it was true that the muscles were seldom involved, as compared to the fascia, at the same time he had recently observed several cases in which the lymphatics penetrating deep into the muscle were extensively involved. The frequency with which mammary carcinoma produced metastases in the bones was well known. The sternum and ribs were the most frequently involved, and this occurred by direct extension. The femur, bones of the spine and humerus came next in the order of frequency. It was often advisable in cases of cancer of the breast to have X-ray plates made of the bones most frequently invaded, since it was obviously useless to remove the breast should one of these bones be involved.

Two hundred and sixty-four cases of carcinoma of the breast had been observed in the clinics at St. Mary's Hospital within the past two years. Of this number, 200 were considered operable and sixty-four inoperable. In order to make an early, positive diagnosis, it was necessary to remove for macroscopic and microscopic examination all supposedly benign and doubtful neoplasms.

The technique of radical amputation of the breast has changed but little in the past few years. A large amount of skin, equidistant in all directions, should be removed. The most important part of the technique was the removal of a very extensive part of the superficial and deep fascias. This dissection should begin above the axillary structures, include the pectoral muscles and fascia of the axilla, and extend down over the rectus muscle, taking in a part of its fascia. In removing the pectoralis major the fascial incision was carried to the sternum and from there outward to the large muscles of the back. If there were any skin nodules, or if the integument was brawny and edematous, although the local lesion could be entirely removed, in all probability there were internal metastases or bone lesions, and the condition was hopeless.

The prognosis as to the probability of a cure in a case of carcinoma of the breast would depend (1) on the length of time the neoplasm had been developing; (2) on the degree of outlying involvement; (3) the activity of the gland which would be determined by the age of the patient, and the relation to a period of lactation, and (4) the thoroughness of the removal of the gland-bearing fascia.—*The Lancet-Clinic.*

Oil of Camphor in Purulent Peritonitis.

Notwithstanding the great progress which modern surgery has made in the treatment of abdominal disease and the prophylaxis of peritoneal infection, purulent peritonitis remains, when once established, a very deadly malady. It is especially when acute disease of the vermiform appendix has been treated with insufficient promptness that this fatal complication remains familiar to the surgeon. Hence suggestions are heard from time to time urging the use of chemical agents, as well as saline irrigation and flushing of the peritoneum, which so often proves insufficient. Dr. Krecke, of Munich, recommends oil of camphor for this purpose and claims excellent results. He treated with complete success eleven cases of acute general purulent peritonitis, all resulting from perforation of a sloughing appendix. The time which elapsed between the development of peritonitis and the application of oil of camphor to the peritoneal cavity ranged from eight to eighty hours; the age of the patients from ten months to seventy years. The abdominal cavity was quickly opened, the appendix amputated, the pus wiped away, and then 10 cc, of a one-per-cent sterilized solution of oil of camphor was poured into the peritoneal cavity. It was carefully distributed over the whole area of the peritoneum by means of gauze sponges, etc. Then the abdominal cavity was closed and a rubber tube holding a strip of gauze placed in the wound.

Dr. Kreche advocates the use of oil of camphor as a prophylactic measure in all abdominal sections where the peritoneum is already infected. He read his report on the treatment of his eleven cases at a meeting of a medical society in Munich last

winter. In the discussion which followed, Dr. Schlafli stated that very strong solutions are in use at Basle. Professor von Herff introduced from 30 to 50 cc. of 10 per cent solutions of oil of camphor into the peritoneum in 53 cases where the peritoneum was infected before operation. All but one case recovered. Dr. O. Burckhardt has proved that streptococcal infection of the peritoneum in white mice after injection of oil of camphor seemed to be completely neutralized, although other infected mice not treated with the oil died rapidly with all the symptoms of fulminating peritonitis.—*British Medical Journal, Sept* 30, 1911. *The Therapeutic Gazette.*

Patella, Treatment of Fracture of

The following procedure is recommended by the author in this condition (*British Medical Journal,* July 29, 1911): First, a mold is made of the sound knee with poroplastic material, 1 1-2 feet long by 6 inches broad, which is softened in boiling water and then firmly placed on the knee. The mold of the sound knee cap thus taken is used as a splint for the fractured bone, the fragments being vised in the cap of the splint. A little cotton wool is placed in the cap; the rest of the splint, extending above and below the knee-joint, is also to be sufficiently padded. Before fixing the splint the fragments are strapped into position by adhesive plaster, longer strips being also placed just above and below the patella and drawn in contrary directions to pull the upper and lower fragments together. Lastly a plaster-of-Paris bandage is placed over all. In three weeks the plaster-of-Paris is taken off. The splint is kept on for two weeks more, passive exercises begun, and the knee-cap used for two months, after which it is discarded.—*J. T. Maclachlan, Monthly Cyclopedia and Medical Bulletin.*

Hair Pin in the Uretha.

Dr. J. C. Kennedy presented the following case: Patient, age 60, suffered for some years from retentions of urine due to an enlarged prostate gland. Tiring of catheter life, he endeavored

to dilate his obstruction with a hair pin. Passing this instrument very deeply into the uretha, it suddenly slipped from his fingers and every effort on his part to recover it failed. He then went to his family physician who found it impossible to remove the hair pin, because the prongs were buried in the urethal mucous membrane on either side. The more he endeavored to pull it out the more he shoved it toward the bladder. On perineal section we found the blunt point partly in the bladder. The pin was removed, together with the prostate gland, both of which specimens were presented.—*Long Island Medical Journal.*

Local Anaesthesia.

Dr. Wm A. Boyd reports in *Merck's Archives* for November, 1911, ten cases in which he utilized quinine and urea hydrochloride as a local anesthetic. He found that enough time for anesthesia to become complete should be allowed, and suggests that an interval of at least twenty minutes should elapse between the injection of the anesthetic and the operation. In his cases postoperative anesthesia lasted on an average three days, and he failed to observe any dermatitis following its use. The preparation exerted a decided hemostatic effect, causing, however, in the majority of cases, some induration, but which usually had disappeared at the end of three months.

The author concludes that any operation usually done with cocaine can be done with this anesthetic, adopting the same technic; also, that this agent is preferable to cocaine, as being less expensive—and, the abstracter wishes to add, presenting less danger of intoxication—*The American Journal of Clinical Medicine.*

The Surgery of the Abdominal Wall.

Sir A. P. Gould states that the first points to be determined in any operation on the abdominal contents are the position and the extent of the incision. The incision should be, whenever possible and as much as possible, directly over the organ or lesion

which has to be dealt with internally. One should always think of the abdominal wall as one of the most important muscles of the body, and remember that the aim of the surgeon in operating through the abdominal wall should be to make such a wound as will not injuriously interfere with this muscular apparatus or will interfere with it as little as possible. Upon the integrity of the linea alba, therefore, depends the perfect function of the whole of the abdominal wall. Anything which weakens the linea alba is liable to cause much more apparent and more serious mischief than that which weakens other parts of the abdominal wall. In renal surgery, it is well in exposing the kidney not to make a transverse cut regardless of the direction of the fibers of the muscle in the loin. The incision should be oblique, and made parallel with the fibers of the external oblique muscle, and the surgeon should separate the fibers of this muscle, and should be careful not to cut the twelfth dorsal nerve.—*Medical Record.*

OBSTETRICAL

Sterility in Women.

E. McDonald notes that 10 per cent of married women are sterile. Rich diet, indolence, and lack of exercise have a distinct effect in increasing sterility. The husband is responsible for the sterility in a quarter or more of all cases. Among the causes of sterility in women are imperforate hymen and vaginismus, infantilism of the genitalia, gonococcus infection, ovarian disease, misplacements of the uterus, perineal laceration, operations, chiefly curettage, fibroids, systematic diseases such as anemia, diabetes, syphilis and obesity, certain drugs, such as opium, and certain ocupations, such as working in tobacco.—*Medical Record.*

End Results When Hysterectomy Has Been Done and An Ovary Left.

Dr. J. O. Polak (Surg., Gyn. and Obst., July, 1911) from his study of this subject, concludes: First, that the technique of the

operation and the general health of the patient have much to do with the end results. Second, that a conserved ovary, if unhealthy, will leave the patient in a worse state mentally, nervously, and physically, than if a total extirpation had been made. Third, that when the woman is at the age at which the menopause should occur, or when she is past the menopause, a total ablation gives the best results. Fourth, that the nervous phenomena are more marked when the patient is operated on when she is in comparatively good health, with a high preoperative blood pressure, than when the blood picture shows anemia or toxemia. Fifth, that the symptoms of the operative menopause are less after extirpation for pelvic inflammation, than when the ablation is done for fibromyomata; this is probably due to the associated vessel changes which we find in fibrosis. And finally, that when one or both healthy ovaries can be conserved it should be done; the younger the patient the more necessary the conservation.—*The American Practitioner and News.*

The Fate of the Prematurely Born.

Wallich and Fruhinsholz have applied in their research what they call the centrifugal and centripetal methods, that is, both ascertaining the later history of the prematurely born infants, and tracing back to birth the history of older children or adult parents. The earliest known history of the kind is that of a professor at Padua in the sixteenth century who was born at the seventh month and lived to be 80. Among other famous "prematures" mentioned are Newton, Rousseau, Voltaire, Cuvier, Victor Hugo, Lamartine and Renan. The compilations that have been published on the subject are reviewed and a personal compilation tabulated, including 143 infants born before term of presumably healthy parents, and whose history has been traced into adult life. The outcome is shown to depend in large measure on the weight at birth, that is, the degree of development. Of seventeen infants weighing from 900 to 1,500 gm., 41.1 per cent have developed into normal adult life and a similar percentage are only slightly handicapped (*avenir laissant a desirer*), while

the rest are much below the normal standard; of the 25 weighing from 1,500 to 2,000 gm. 52 per cent are normal and 36 slightly handicapped; of the 36 between 2,00 and 2,500 gm., 75 per cent are normal and 22.2 per cent slightly handicapped, while of the 65 weighing between 2,500 and 3,000 gm. 78.4 per cent are normal and 20 per cent only slightly handicapped. Among the total twenty-seven slightly handicapped infants, trauma from an obstetrical operation may have co-operated in eleven cases; five other infants were the first born. Tracing back to history to birth of 1,804 in Broca's children's surgical service, and of 620 inmates of the asylum for epileptics and feeble-minded, showed that over 12 per cent of the former and over 8 per cent of the latter are known to have been prematurely born. A large proportion of the prematurely born are thus shown to develop normally both in mind and body, while others present various signs of degeneracy, hernia, club-foot, incontinence of urine and nervous disturbances, these signs of degeneracy apparently linked with the earliness of the birth and the violence of the obstetrical trauma. On the other hand, the research shows a large proportion of prematurely born among the degenerates in institutions, and that degeneracy in general is traceable as a rule to syphilis or alcoholism in the parents or to the earliness of the birth and the fact that the infant was the first born. The author's final conclusion is the importance of refraining from bringing on the birth before term by overwork or trauma from sexual intercourse. —*The Journal of the American Medical Association.*

Atropine in Uterine Hemorrhage.

September 16, 1911, I was called to see Mrs. W., aged 35, mother of six children. Two and a half years ago she had an operation for cyst of the spleen and pancreas. Eighteen months ago she gave birth to a boy, now living. Last menstruation occurred July last. On the date named I was called on account of "flooding." Whether she had an abortion or it was simply a case of menorrhagia I could not determine. I found the bed soaked with blood; patient pulseless, cold extremities; clammy

perspiration, nausea, vomiting of bilious matter, pupils dilated to extreme size, periods of unconsciousness, thought she was dying.

I gave hypodermically, glonoin, gr. 1-100, and strychnine sulphate, gr. 1-50, and after ten anxious minutes could feel the pulse plainly. I then gave atropine sulphate, gr. 1-100, which dose I had to repeat in thirty minutes. An hour after the first dose of glonoin I gave a second 1-100 grain, with atropine, 1-100 gr. I also injected 2 ounces of normal saline solution subcutaneously, as the flow had stopped, yet fearing dissolution from loss of blood.

The patient now complained of dryness of mouth, extremities began to get warm, the clammy skin became dry, and I felt the victory was won. I saw her six hours later (having already been with her five hours), and found her in good condition, but weak. Needless to say, the uterus was flushed, besides other measures, but to no avail in checking the hemorrhage until the atropine was given. These seem like enormous doses, but I deemed them necessary, and results proved I was right. The patient steadily improved.—*The American Journal of Clinical Medicine.*

Pregnancy in a Woman of Fifty.

C. C. Norris, Philadelphia (*J. A. M. A.*), reports the case of a woman, aged 50, who had been twice married but had had no children, though she had been operated on after each marriage by dilation and curetting and simple dilation of the cervix without results. Menstruation had continued, usually with but slight discomfort. She had never had severe dysmenorrhea. The genital organs were rather normal though the os was small. Dilatation was performed and a rather thick Wiley drain inserted ten days before the expected monthly period. The Wiley drain is a sort of grooved-stem pessary. Pregnancy followed, with normal labor and delivery. The advanced age is of interest in this case, though menstruation is not uncommon after the age of 50.—*Critic and Guide.*

MEDICAL

The Medical Treatment of Hyperacidity.

Roubitschek (*Deutsch. Med. Woch.*, 1911, xxxvii, 874) advocates hydrogen peroxid in cases of indigestion due to hyperacidity. Roubitschek found that fluid preparations were much more satisfactory than the solid preparations that are recommended by some. He first gives about 300 cc. of a one-half per cent solution three times a day before meals. If no result is obtained from this, the strength of the solution is increased to three-quarters of one per cent. The disadvantage of the stronger solutions is that they are apt to cause vomiting, and solutions stronger than one per cent are almost sure to do this. The results were extremely good in eighty per cent of the cases treated. The average length of treatment was fourteen days. The permanent results achieved by this method of treatment are somewhat obscured by the fact that the patients were only under observation for a period of three months after the treatment. However, during this time the patients remained free from symptoms, and Roubitschek cites a case reported by Poly who was perfectly well one and a half years after treatment.—*New Orleans Medical and Surgical Journal.*

Treatment of Dysphagia in Tonsillar Inflammation.

T. Hald reports (*Ugeskrift for Laegar,* April 6, 1911, p. 485) the results he has obtained by cutaneous compression in 46 cases of inflammation in or near the tonsils. The troublesome dysphagia so frequently associated with this condition may be often relieved by firm digital compression in the neighborhood of the external ear. This manoeuvre, applied at meal-times relieved or completely banished pain on swallowing in 32 cases; but as digital compression was tiring and troublesome, the writer devised a simple instrument which can be fitted on to the patient's head at meals. He found two areas, over each of which pressure could be effectively applied in a certain number of cases.

One of these is situated at the posterolateral aspect of the external auditory meatus, and it is most readily reached by pressing upon the tragus so as to close the external auditory meatus. The other area is situated behind the ear, over the upper portion of the mastoid process. In some cases pressure over both areas was equally effective, while in others pressure on only one or other of these areas gave relief. The benefit which the patint derives from this treatment can be scarcely attributed to suggestion, as compression of other cutaneous areas, such as the skin of the forehead, is valueless. Nor is the effectiveness of compression of the tragus due to the closure of the external auditory meatus, and the subsequent pressure put upon the membrana tympani for the action of tragus compression is not affected by the insertion of a glass tube, open at both ends, into the external meatus.

The writer gives the following explanation of the above phenomenon: The tonsils and the cutaneous areas mentioned are derived from tissues which are in close proximity in the embryo. Consequently, there is an intimate correlation in their nerve supply, and irritation of the cutaneous areas is therefore capable of inhibiting impulses which normally convey the sense of pain from the throat. (*British Medical Journal,* Aug. 5, 1911.)—*The Therapeutic Gazette.*

Renal Tuberculosis.

Professor Barth (*Deut. med. Wochensch.,* No. 21, 1911) has investigated the end results in 37 of 40 cases of renal tuberculosis treated by nephrectomy. Of these 12 were cured and 12 improved or still under treatment, while 13 died. The period of observation of cases termed cured ranged from one and one-third to nineteen years. A comparison of these results with those obtained in about the same number of cases not subjected to operation shows that the prognosis in the latter was far less favorable. From his studies Barth draws the following conclusions: So long as the disease is confined to one kidney and its ureter nephrectomy affords very favorable prospects of a permanent cure.

If the bladder is already affected, a complete and lasting cure of the tuberculous process can be expected only in a fraction of the cases, approximately one-fourth. About the same number succumb in the first year to tuberculosis, while in the others a more prolonged improvement can be anticipated. In five of the author's cases of renal and vesical tuberculosis treated by operation improvement persisted for 1¼, 1½, 1¾, 2 and 9 years, while five others died after 2, 3½, 5 and 9½ years of the renal disease or other tuberculous involvement. Even after a complete cure has resulted in tuberculosis of the bladder, various disorders are apt to persist, such as frequent urination, especially at night, and for this reason every case of recognized renal tuberculosis should be nephrectomized, if possible, before the bladder has become involved.—*The American Practitioner and News.*

Tuberculosis in Children, Diagnosis of.

The intracutaneous tuberculin test is considered by the author to present many advantages over other diagnostic tuberculin reactions. It is relatively easy to carry out, the result of the test is readily recognized, and the discomfort to the patient minimal. The amount injected can be accurated gauged. The possibility of injecting different strengths and even a high concentration of tuberculin by this method renders the test available in all cases of tuberculosis. The subcutaneous test fails in patients with fever, while the cutaneous reaction fails in cases where the susceptibility of the organism to tuberculin has been reduced through acute infections or cachexia; the intracutaneous method, on the other hand, succeeds in all these cases. It is thus, in many instances, the only procedure to be depended upon. In patients morbidly in dread of tuberculosis(this test, if strong concentration cause no reaction, will definitely eliminate any possibility of the presence of the disease. The case of a cachectic child with meningitis in which tuberculosis was ruled out by means of this test is cited by the author. He injected 1 drop of a 1-1000 solution of old tuberculin, and, if no reaction follows, increases the strength to 1 per cent, 10 per cent, and even sometimes 100 per

cent, some cases finally reacting to the last-named dose. S. Engl (Deutsche medizinische Wochenschrift, September 7, 1911).—*Monthly Cyclopedia and Medical Bulletin.*

Hiccough Treatment.

In severe cases following procedures may be resorted to: Lavage, passage of esophageal sound, prolonged pressure over abdomen and epigastrium, forcible traction of tongue, abdominal massage, constriction around lower thorax, cold or hot pack, blisters to each side of cervical spine over roots of third, fourth and fifth nerves. Following remedies have been used: Musk, nitroglycerin, amyl nitrite, spirit of chloroform, asafetida, spirit of camphor, tincture of capsicum, tincture of valerian, cocaine, codeine, bromides, jaborandi. Ether norcosis best in hysterical cases. Where hiccough persists to point of exhaustion, give following by rectum: Potassium bromide, ʒj (4 Gm.); tincture of opium, fʒss (2 c.c.); water, enough to make fʒviij (240 c.c.) Kink.—*Monthly Cyclopedia and Medical Bulletin.*

Indications for Abdominal Cesarean Section in Eclampsia.

Dr. John F. Moran, of Washington, D. C., reported four cases of eclampsia, which occurred in two patients he saw in consultation, in which Cæsarean section was performed, saving both mothers and all of the children. The first patient, a primipara, eight months gestation, frequent convulsions, cervix intact, was operated upon by Dr. I. S. Stone, and the second was operated upon at term under like conditions, in three successive labors, by Dr. W. P. Carr.

Kellitz, in 1897, collected twenty-eight cases of eclampsia operated upon by Cæsarean section with a maternal mortality of 50 per cent and an infantile mortality of 62 per cent. Streckeisen, in 1903, collected twenty-eight cases, twelve mothers died, and sixteen recovered.

The Effect of Paludism on Pregnancy, Labor and the Puerperal State.

Laffont finds that the malarial fever has a marked effect throughout and after pregnancy. It may be transmitted from the mother to the fetus. Abortion or premature labor is very likely to result. Fetal paludism is proven by finding the parasites in the fetal blood. In some cases it produces deformities of the fetus; in most cases the child is weak and underweight. Hereditary paludism may be latent for some months, or may at once produce characteristic paroxysms. It is more likely to be transmitted during the last three months of pregnancy. If it is to recur in the mother after labor it will generally appear within ten days; it may cause hemorrhage either at or after labor. There is inertia uteri and artificial delivery is often necessary. The disease may become pernicious in the mother, though as a rule its course is benign. The secretion of milk is modified and may be suppressed; it does not transmit the parasite. Malaria following labor is not generally typical in form. Quinine is the best treatment for it.—(*L'Obstetrique.*) *Medical Record.*

Pregnancy and Cardiac Disease.

Rosenthal reports two instructive cases of this association. In the first labor was followed by acute cardiac insufficiency resulting from the mitral valvular lesion. The child was extracted by means of colpohysterotomy, narcosis being contraindicated. The striking feature of the case was the nonresponse of the heart to the action of roborants. She had gone through several labors successfully with the mitral lesion present. She recovered from the present labor and left the clinic with good compensation. In the second case it was not labor *per se* but labor with twins of unusual size which precipitated a crisis in the gravida with vitium cordis. This patient was also delivered by means of anterior colpohysterotomy without narcosis.—*Medical Record.*

Editorial

Publisher's Notice—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

When May a Man Use His Muscle?

A medical man practicing in West Ealing, England, had occasion to remonstrate with the husband of a female patient on the ground that his conduct had caused injury to her health. This was resented by the husband to such an extent that many months after he summoned the man to his house by telephone, and having him there, barred his exit and tried to enforce a retraction and an apology. The medical man refused to do either, and after being called abusive names was forced to throw the husband on a couch to gain an exit from the house. For this he was arrested for assault. The judge, after hearing the testimony of the prosecution, said that the only question was whether the defendant used only such force as enabled him to leave the house. Being of the opinion that he had not exceeded this, he dismissed the case. It is remarkable that we are so seldom required to record such resentment on the part of husbands to strictures from medical men. E. S. M.

Special Western Number.

In furthering the plan of producing special issues of the *American Journal of Surgery*, composed of contributions by surgeons residing with in a certain geographical area, yet of international

reputation, there will be issued in the early part of 1912 a Special Western Number of this magazine.

Subjects and those to contribute: "The Operation of Gastroenterostomy," by William J. Mayo, Rochester, Minn. "The Surgery of Tendons," by John B. Murphy, Chicago, Ill. "Operative Treatment for Graves Disease," by George W. Crile, Cleveland, Ohio. "Colonic Intoxication," by J. E. Binney, Kansas City, Mo. "Practical Points in the Surgical Treament of Exopthalmic Goitre," by A. J. Ochsner, Chicago, Ill. "Treatment of Foreign Bodies in the Esophagus," by E. Fletcher Ingals, Chicago, Ill. "Brain Surgery Technique," by J. Rilus Eastman, Indianapolis, Ind. "Treatment of Abscesses and of the Necrotic Foci Resulting from the Use of Salvarsan," by A. Ravolgi, Cincinnati, Ohio. "Treatment of Prostatic Obstructions," by E. O. Smith, Cincinnati, Ohio. Subject not announced, H. Tuholske, St. Louis, Mo. "Artificial Tendons and Ligaments in the Surgical Treatment of Paralysis," by Nathaniel Allison, St. Louis, Mo. "Uterine Cancer," by John C. Murphy, St. Louis, Mo. "Arthritis Deformans," byLeonard W. Ely, Denver, Colo. "Acute Angulation and Flexure of the Sigmoid, as a Causative Factor in Epilepsy, with Special Reference to Treatment," by W. H. Axtell, Bellingham, Wash.

The character of contributions prepared by these well known surgeons are of such a nature as to make this number particularly interesting.

New York Skin and Cancer Hospital, Second Avenue, Corner 19th Street.

The Governors of the New York Skin and Cancer Hospital invite the medical profession to attend a lecture by Dr. De Keating Hart, of Paris, on "The Fulguration Treament of Cancer," on Monday evening, December 4, 1911, at 8 o'clock, in the outpatient hall of the hospital. The lecture will be illustrated by stereopticon pictures and charts. On the following mornings of the week there will be practical demonstrations on patients, of the new fulgurating apparatus of the hospital. Cards of admis-

sion to the latter will be issued by the Research Committee on request to Charles C. Marshall, Chairman of Executive Committee.

Dr. Charles E. de M. Sajous, Supervising Editor of the New York Medical Journal.

We have the honor to announce that beginning with issue of December 9, 1911, Dr. Charles E. de M. Sajous, of Philadelphia, becomes the Supervising Editor of the *New York Medical Journal.* While Doctor Sajous will give up his private visiting practice, he will continue his work as consulting physician, investigator, teacher and author, and thus be in a position to keep in the closest touch with the needs of the medical profession.

Though born under the American flag, Dr. Sajous received his preliminary education in France. He studied medicine in Philadelphia, graduating with honors from the Jefferson Medical College in 1878. He served for two years as resident physician in the Howard Hospital, and in 1881 was appointed professor of anatomy and physiology in the Wagner Institute of Science, lecturer in the Philadelphia School of Anatomy, and clinical assistant in the laryngological department of Jefferson Medical College, succeeding Dr. J. Solis-Cohen, in 1883, as clinical lecturer and chief of that department. In 1891 Doctor Sajous went to Paris, where he devoted six years to original research. Upon his return, he was appointed Dean of the Medico-Chirurgical College. At the recent reorganization of the medical department of Temple University Doctor Sajous accepted the chair of pharmacology and therapeutics, which he still holds.

The immediate outcome of Doctor Sajous' six years of research work in Paris was the publication of two volumes on "Internal Secretions and the Principles of Medicine," a work which gave the author high standing as an original investigator.

Doctor Sajous has had a wide editorial experience, having founded in 1888 the *Annual of the Universal Medical Sciences,* which he conducted with the collaboration of some of the most eminent physicians in America and Europe, until the publication

was abandoned in 1893. The *Annual* had a circulation of over 5,000,000 volumes and the *Cyclopedia of Practical Medicine,* founded by Doctor Sajous in 1898 to succeed the *Annual,* and intended more particularly for the general practitioner, has attained a circulation of 240,000 volumes, the seventh edition being now in course of preparation.

The value of Dr. Sajous's services to medical science has been recognized in France by his being made a member of the Legion of Honor, while in Belgium he received the order of Leopold and was made a Knight Commander of the Liberator, besides receiving other titles, both governmental and scientific. In America Doctor Sajous has been president and vice-president of many societies and is a fellow of the College of Physicians of Philadelphia, and of the American Philosophical Society. He brings to bear on the editorial problems of the *New York Medical Journal* a brilliant and well informed mind, wide experience and a thorough knowledge of the needs of the American physician.

The publishers of the *New York Medical Journal* feel that they as well as its readers are to be congratulated upon having obtained the services of Doctor Sajous. Comprehensive and well directed plans have been formulated for enhancing the value and interest of the *New York Medical Journal,* and in carrying out these plans no pains or expense will be spared to give to our readers a medical journal of unprecedented authority and interest.

University Medical College of Kansas City Sends Greetings.

It is the object of the trustees of the University Medical College of Kansas City, Missouri to submit to you a project which, if carried into effect, would be of mutual advantage to your university and to our college. Briefly stated, it is that the students of medicine in your university take the first two years of didactic and laboratory anatomy, physiology, chemistry, materia medica, therapeutics, etc., and then come to our school for their junior and senior years, which embrace medicine and clinical medicine,

surgery and clinical surgery, ophthalmology, otology, nervous and mental diseases, diseasees of women and clinical gynecology, dermatology, syphilo-dermatology, diseases of children, medical jurisprudence, materia medica, therapeutics, obstetrics and clinical midwifery, radiology, electro-therapeutics, pathology, bacteriology, laryngology, orthopedic surgery, anesthetics, life insurance examinations, rectal surgery, necropsy, diseases of the stomach, intestines, etc.

Such an alliance would not only save the State a vast expense, but would give to your students better advantages than it would be possible for them to obtain in a small city with limited clinical material. It is the opinion of many educators that if the State gives her youth a high school education, this is fairly liberal, and more especially if the tax payers supplement this with a four years' college training. It was President Elliot, of Harvard, I believe, who said that if a student wants to go further than the preparatory school in his studies for a college course he should pay tuition. It is thought by tax payers in general that after providing a university course such as is necessary to secure the degree of A.B., it is an injustice to be compelled to make a large appropriation to equip and maintain a medical college for a mere handful of students when they can get better advantages at a small cost in a special clinical school such as we offer at the University Medical College. All students coming from your State, who do not possess the requisite knowledge will be advised to return to your university to acquire their necessary credits. Your students will be given credit on our diplomas for the work done or time spent with you. If such an alliance could be brought about it would work a saving of thousands of dollars to the State annually; but the principal advantage would be to the student, for our school is a clinical college taught by men of practical experience, not theoretical where the knowledge is given largely from text-books, as is oftentimes the case in institutions in smaller towns where clinical advantages are not obtainable.

We would be glad to meet you and discuss such arrangements as would be of mutual advantage.

Statue to Florence Nightingale.

London has resolved to give a memorial to Miss Florence Nightingale. At a meeting held recently at the Mansion House it was decided that the memorial was to take the form of a statue, the remainder to be applied to the foundation of an annuity for nurses disabled by illness or age. The government has granted a statue site immediately opposite the Guards' Crimean Memorial, the most appropriate site in all London for a statue of "The Lady with the Lamp." It is unthinkable that the memory of Florence Nightingale and her great work should not be perpetuated for all time, and that, too, in the capital of the country for which she did so much. It is not to be gainsaid that Miss Nightingale would much prefer to have the whole sum applied to the benefit of nurses who have fallen into misfortune. A statue is one of the penalties of greatness, and let us not gainsay it. The statue will be honored more than Miss Nightingale and the rising generation need something to remind it of what the great dead have done for them. Subscriptions to the fund should be made to the Nightingale Fund, St. Thomas Hospital, S. E. London, England. *The Nursing Times,* St. Martin's Street, West London,, has taken the opportunity to issue a fine portrait of Miss Nightingale for the sum of five shillings.—E. S. McK.

The American Red Cross desires again to invite attention to the exhibition in connection with the Ninth International Red Cross Conference, which will be held in Washington, D. C., from May 7 to 17, 1912.

The exhibition will be divided into two sections, which will be styled Marie Feodorovna and General. The former is a prize competition, with prizes aggregating 18,000 rubles, or approximately $9,000, divided into nine prizes, one of 6,000 rubles, approximately $3,000; two of 3,000 rubles each, and six of 1,000 rubles each.

The subjects of this competition are as follows:

1. A scheme for the removal of wounded from the battle field with the minimum number of stretcher bearers.

2. Portable (surgeons') washstands, for use in the field.

3. The best method of packing dressings for use at first aid and dressing stations.

4. Wheeled stretchers.

5. Transport of stretchers on mule back.

6. Easily folding portable stretchers.

7. Transportation of the wounded between warships and hospital ships and the coast.

8. The best method of heating railway cars by a system independent of steam from the locomotive.

9. The best model of portable Roentgen apparatus, permitting utilization of X-rays on the battlefield and at first aid stations.

The maximum prize will be awarded to the best exhibit, irrespective of the subject, and so on.

The General Exhibit is again divided into two parts. The first will be an exhibition by the various Red Cross Associations of the world. The second will be devoted to exhibits by individuals or business houses of any articles having to do with the amelioration of the sufferings of sick and wounded in war, which are not covered by the Marie Feodorovna Prize Competition for the year. While the American Red Cross will be glad to have any articles pertaining to medical and surgical practice in the field, it is especially anxious to secure a full exhibit relating to preventive measures in campaign. Such articles will be classified as follows:

1. Apparatus for furnishing good water in the field.

2. Field apparatus for the disposal of wastes.

3. Shelter, such as portable huts, tents and the like, for hospital purposes.

4. Transport apparatus (to prevent the suffering of sick and wounded) exclusive of such apparatus as specified for the Marie Feodorovna Prize Competition.

As with the Marie Feodorovna Prize Competition, for this country only articles having the approval of the Central Committee of the American Red Cross will be accepted.

Diplomas will be awarded for exhibits in this section of the exhibition as approved and recommended by the jury.

Further information may be obtained from the Chairman, Exhibition Committee, American Red Cross, Washington, D. C.

It is perhaps to apparatus having to do with prevention of disease in armies that the energies of Americans have been specially directed since the Spanish-American War. Therefore, the last-mentioned section of the Exhibition should make an appeal to them.

Obituary

Dr. Wm. A. Atchison.

This eminent physician, the Nestor of the medical profession of Nashville, died suddenly in his office while sitting at his desk opening his morning mail. Dr. Atchison was in his 81st year, the last 36 of which he had spent in the practice of medicine in this city. Dr. Atchison began the study of medicine in his native town, Bowling Green, Ky., and was a student in the private anatomical class of the late Dr. William T. Briggs, then living in that city. Dr. Atchison attended lectures in Louisville and graduated from the Medical Department of the University of Louisville in 1852. He began the practice of medicine in Warren County, Ky., near Bowling Green, and was esteemed the leading physician in his own community where he lived and engaged in the laborious pursuit of his chosen profession. In 1875 he moved to this city and established himself in an office with his uncle, the late Dr. Thos. A. Atchison. He was unusually successful in every sense of the word, and was thoroughly esteemed by his clientele and by his professional confreres. Dr. Atchison was a physician of the old school, but was progressive and completely alive to the progress of scientific medicine and was quick to take hold of anything that promised good to his patients. He was a member of the various societies of the city and of the American Medical Association. His skill as an accoucheur was well known and recognized by his associates. His personality was strong and he attached to himself a host of friends and admirers who sincerely deplore his death. He was thoroughly and conscientiously religious and was an officer in the First Baptist Church of this city. A devoted husband and affectionate father, he was bereaved in the death of his wife and two children at different times before his death, and in spite of these losses, which left him almost alone in the world, he bravely pursued his daily work. a pathetic yet noble and dignified figure. He was loved by all who knew him, respected by all with whom he came in touch.

He was a good physician, a truly devout Christian and a noble, upright, honorable man. He lived a long life of unblemished purity, and died after living a life of unselfishness and noble deeds. His life should serve as a model to succeeding generations and the memory of this good man should be cherished always by those who knew him and loved him.

Reviews and Book Notices

Physician's Year Book.—Being a Daily Memorandum, together with a Miscellaneous Jumble of Facts and Suggestions of Interest and Assistance to the Physician, "as the Days Fly By." 1912. Compliments of M. J. Breitenbach Co., 53 Warren Street, New York.

We acknowledge with thanks to the distributors the receipt of a copy of this useful memorandum book. It contains quite a fund of useful everyday information, and its blank pages will serve as a memoranda for every day of the year. It is compact and of convenient size for the pocket.

Physician's Pocket Account Book—Taylor.

This neat little gem of a book has appeared for 1912 with some additions and improvements. It is simplicity, neatness and efficiency itself. Above this it is legal, and can be taken into court, which cannot be said of all systems. It contains valuable information as to bookkeeping, fees and the collection of the same, the making of wills, saving and investing, poisons, weights and measures, periods of incubation of infectious diseases, and so on. Published by the Medical Council Company, Forty-Second and Chestnut Streets, Philadelphia, Pa.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, etc. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia; Ophthalmologist to the Frederick Douglass Memorial Hospital; Instructor in Ophthalmology, Philadelphia Polyclinic Hospital and College for Graduates in Medicine. Vol. IV. December, 1911. Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum—Diseases of the Kidneys—Surgery of the Extremities, Shock, Anesthesia, Infections, Fractures and Dislocations, and Tumors—Genito-Urinary Diseases—Practical Therapeutic Referendum. Lea & Febiger. Philadelphia and New York. 1911.

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We take pleasure in calling the attention of our readers to the December number of this excellent quarterly. It is fully up to the standard of former numbers and carries out the intentions of its editors in an unsurpassed manner. The contributors to the different numbers have been selected for their especial aptness for the work in hand, and as a result its subscribers are treated to the newest and most advanced views upon the subjects of which it treats. The contents and contributors of this number are as follows: "Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum," by A. S. Lannom, M.D.; "Diseases of the Kidneys," by John Rose Bradford, M.D., F.R.C.P., F.R.I.; "Genito-Urinary Diseases," by Charles W. Bromey, M.D.; "Surgery of the Extremities, Shock Anesthesia, Infectious Fractures and Dislocations and Tumors," by Joseph C. Bloodgood, M.D.; "Practical Therapeutic Reverend," by H. R. M. Landis, M.D.; Index. For the general practitioner we regard this quarterly as the most valuable of all such publications. It presents with appropriate comment the latest views upon all the selected subjects of which it treats, and gives a comprehensive picture of the advanced researches by workers all over the world. Every physician desirous of keeping in the van of the profession should avail himself of the opportunity furnished by this quarterly by becoming a susbscriber.

Publisher's Department

"The recent reports by Menzer, a surgeon in the German army, tend to discredit the too implicit faith placed in the use of the salicylates alone in acute articular rheumatism. It is not denied that the salicylates pushed to effect will alleviate the symptoms, but he asserts that cases so treated are more subject to relapse and to permanent deformity than are those in which other remedies are exhibited, and that there should be incorporated with the salicylates other agents which will not encourage injurious complications."

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on page eight of this number. "Robinson's Hypophosphites" is an elegant and uniformly attractive preparation; the presence of quinine, strychnine, iron, etc., adding highly to the tonic value.

C. V. Mosby Medical Book & Publishing Company offers a work on Pellagra that should rapidly become popular at this time of widespread interest in this disease.

J. Stevens Arms & Tool Co. have an advertisement in the JOURNAL that calls attention to its unrivalled firearms. From personal use of the repeating shotgun we can speak favorably of the output of this company.

Fellows' Syrupum Hypophosphitum has long been a standard preparation with the profession, and it deserves the highest encomiums for its efficiency.

The Cincinnati Sanitarium is one of the best known hospitals in the United States for the treatment of nervous diseases and

drug habits. Patients all over the country are witnesses to the value of this hospital as a house of refuge for the unfortunate.

The preparations of Battle & Co., Eschol and Iodia, are well known wherever medicine is practiced, and all the preparations of this reliable house are endorsed by physicians generally.

Hydroleine, the advertisement of which has long occupied the cover of the JOURNAL, is an excellent and palatable preparation of cod liver oil which should be greatly in demand at this season of the year.

Listerine is unrivalled as an antiseptic preparation, as useful in the toilet as in surgical antisepsis.

Beechhurst Sanitarium enjoys a high standing among institutions for the treatment of nervous diseases and drug addiction.

Sanmetto is a preparation that gives the best results when administered in the treatment of prostatic inflammation.

Glyco-Thymoline is an exceptionally good agent in the treatment of all catarrhal conditions.

Theo. Tafel Co. is a reliable house where physicians can get everything in the way of instruments, braces, etc. needed in the physicians' armamentarium.

We have an X-ray outfit as furnished by the Sam J. Gorman Co., of Chicago, and can say that it has given universal satisfaction.

Neurosine is a standard preparation that is unequalled as an elegant form of treatment for all nervous conditions.

The Treatment of Convulsions in Infants.

BY HARRY TYLDESLEY, M.D.

One of the most frequent morbid conditions encountered in the treatment of the diseases of child life is convulsions.

The treatment of convulsions very naturally resolves itself into two indications—the removal of the cause and the institution of those measures—which relieve the congestion of the brain.

A study of the case in hand will reveal the causative influences and suggest those remedies that are indicated to remove the cause. Where the stomach is full of indigestible foods it must be emptied, and in a like manner other remedial measures must be addressed to the removal of the cause.

It is highly important that the physician go to work with the most earnest efforts to relieve the convulsive seizure. The inhalation of chloroform is useful in some cases. It should be given until there is no convulsive movement. I put all infants as soon as I see them in a bath of warm water, and give them a dose of Neurosine. This agent speedily overcomes the congestion of the brain and the child falls into a peaceful sleep from which it usually awakens with a clear head and no tendency to convulsions. Besides this Neurosine contains no opium, chloral or morphine, and it is, therefore, admirably suited to these cases.

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ELEGANT
PHARMACEUTICAL SPECIALTIES

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these PREPARATIONS

Robinson's Hypophosphites

NUTRITIVE, TONIC, ALTERATIVE.

A STANDARD REMEDY in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

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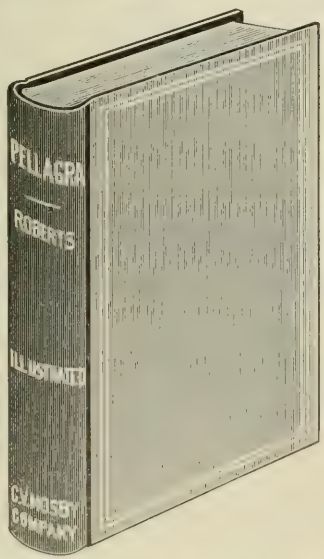

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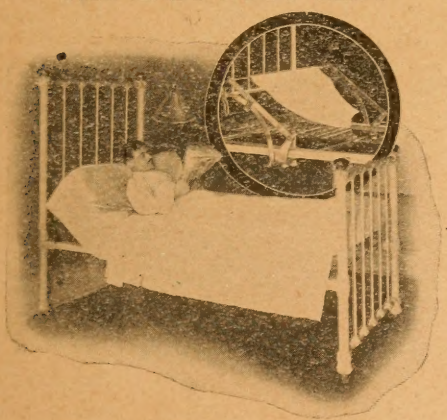

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